Under the Paperwork Reducti	on Act of 19	995 no person are required		Patent and Trade	roved for use throug mark Office; U.S. D	h 06/30/2010. EPARTMENT	OF COMMERCE	
	to respend to a co	respond to a collection of information unless it displays a valid OMB control number.  Complete if Known						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			. Application	Application Number		10/527,679-Conf. #7223		
FEE TRANSMITTAL			Filing Date	Filing Date		February 3, 2006		
For FY 2008			First Name	First Named Inventor		Thomas FELZMANN		
1011	Examiner N	Examiner Name X		X. Xie				
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Alt Olit		1646		
TOTAL AMOUNT OF PAYMENT		(\$) 405.00	Attorney Do	Attorney Docket No.		4518-0110PUS1		
METHOD OF PAYMENT	(check a	ll that apply)						
Check Credit Card Money Order None Other (please identify):  x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILI	NG FEES SI Small Entity	EARCH FEE Small Er		NATION FEE: Small Entity	-	İ	
Application Type	Fee (\$)	Fee (\$) Fee					Paid (\$)	
Utility	310	155 510	255	210	105	***		
Design	210	105 100	50	130	65			
Plant	210	105 310	) 155	160	80			
Reissue	310	155 510	255	620	310			
Provisional	210	105	0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description Each claim over 20 (including Reissues)						Fee (\$) 50	Fee (\$) 25	
Each independent claim over 3 (including Reissues)						210	105	
Multiple dependent claims						370	185	
Total Claims Extra Cl	laims Extra Claims Fee (\$) Fee Paid (\$)			<u>N</u>	Multiple Dependent Claims			
18x =				<u>Fee</u>		ee (\$) Fee Paid (\$)		
HP = highest number of total claim							_	
Indep. Claims Extra Cl	aims x	Fee (\$)	Paid (\$)				j	
HP = highest number of independe								
3. APPLICATION SIZE FEE  If the specification and draw listings under 37 CFR 1.: sheets or fraction thereof	52(e)), the	e application size fee d	lue is \$260 (\$1	30 for small			0	
	a Sheets	Number of each		• .	of Fee (\$)	Fee	Paid (\$)	
100 = /50 = (round up to a whole number) x = =								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 405.00								
SUBMITTED BY	<del>// _</del>							
ignature Registratic (Attorney/A					,330 Telephone (858) 792-8855			
Name (Print/Type) Leonard R. Svensson					Date	Date June 10, 2008		
				····				